



STATE OF ARKANSAS
**Department of Finance
And Administration**

REVENUE DIVISION
Miscellaneous Tax Section
P. O. Box 896 - Room 2340
1816 W. 7th Street
Little Rock, Arkansas 72203
Phone: 501-682-7187
FAX: 501-682-1103
<http://www.state.ar.us/dfa>

CONSTRUCTION SURCHARGE REGISTRATION

SECTION 1: OWNER INFORMATION

- 1) Ownership type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation
☐ S-corporation ☐ LLC ☐ Single-member LLC
☐ Non-profit ☐ Government ☐ Fiduciary/Trust (non-revocable)
☐ Fiduciary/Trust (revocable)

2) Social Security Number: _____

3) FEIN: _____

4) Sales Tax Permit #: _____ - SLS (If applicable)

5) NAICS Code: _____

6) Legal Name of Business: _____

7) DBA Name (if different than Legal Name of Business): _____

8) Contact person: _____ Title: _____

Telephone #: _____ FAX # _____

E-Mail Address _____

SECTION 2: PHYSICAL LOCATION ADDRESS (Not PO Box)

9) Street: _____ City: _____

State: _____ Zip Code: _____ County: _____

SECTION 3: MAILING ADDRESS (If different than Physical Location Address)

10) Street: _____ City: _____

State: _____ Zip Code: _____

SECTION 4: OWNERS/OFFICERS

- Complete this for each responsible party who is an owner, partner, member, corporation officer or trustee.
- Attach additional pages if needed.
- In case of limited partnerships, complete this section for each general partner.

11) Owner/Officer Name _____ SSN or FEIN: _____

Title: _____ Telephone #: _____

Street: _____ City: _____

State: _____ Zip Code: _____ E-Mail Address #: _____

12) Owner/Officer Name _____ SSN or FEIN: _____

Title: _____ Telephone #: _____

Street: _____ City: _____

State: _____ Zip Code: _____ E-Mail Address #: _____

13) Business Start Date: _____

14) Brief Description of Business Activity: _____

SECTION 5: CONSTRUCTION SURCHARGE: (Supply DFA ID Number if Applicable)

15) ☐ Construction Surcharge _____

16) Check the appropriate type of business that applies to this registration:

☐ City: _____ ☐ Township: _____

☐ Other _____

SECTION 6: SIGNATURE

Important – Read Before Signing

This registration form must be signed by a responsible party who is authorized to sign on behalf of the organization. The Proprietor must sign for sole proprietorship. I declare under penalties of perjury that the information provided (including any accompanying statements) have been examined by me, and to the best of my knowledge and belief, is true, correct, and complete.

17) Signature: _____ Date: _____

Printed Name: _____ Title: _____